

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
06949238
APPLICANT(S)

FILING DATE
8/31/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.	11					
TOTAL DEP.	15						TOTAL DEP.	17					
TOTAL CLAIMS	20						TOTAL CLAIMS	28					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS